

238105

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to amend Class C Taxi Certificate

Thomas Enright DBA Diamond Transportation

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 247 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas Enright

Telephone: 843-247-2156

Address: 5 Gumtree Rd C-3
Hilton Head SC 29926

Fax: 843-681-2881

Other:

Email: Diamondtranshba AOL.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers is required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input checked="" type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: July 27, 2012

I have the following Certificate:

☒ Class C Taxi # 8144 ☐ Class C Charter # ☐ Class C Charter Bus #
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☐ ~~Name Change~~

From: (Current Name) DBA: (Current DBA if applicable)

TO: (New Name) DBA: (New DBA if applicable)

☐ ~~Scope of Authority~~

From: (Current Scope) To: (New Scope)

☒ **Passenger Limit**

From: 7 (Current Limit Number) To: 15 (New Limit Number)

Thomas Enright DBA Diamond Transportation

Name & DBA if DBA is applicable)

Hilton Head SC 29926
(City, State, Zip Code)

843-247-2156
(Telephone Number)

5 Guntree Rd C-3
(Street and/or Mailing Address)

(Signature)

Owner
(Title) Owner, President, etc.

Thomas Enright

5 GUMTREE RD C-3
HILTON HEAD SC 29926

843-247-2156
203-964-6727 CELL
843-681-2881 FAX

FAX TRANSMITTAL FORM

To: Public Service Commission
Janice or Tricia

From: TOM ENRIGHT
Date Sent: 7/27/12

CC:

Phone:

Number of Pages: 4

Fax: 803-~~894~~-5199

THANKS
TOMMY